

# REQUIRED SCHOOL IMMUNIZATION STATUS REPORT FOR SCHOOL YEAR 2006-2007 (RCW 28A.210)



This form collects information on the immunization status of students at your school. Please follow the instructions below and on the backside.

**NOTE:** This form is **ONLY** for school-aged students (K-12) enrolled in school on the date the report is prepared.

Please complete the information below and return the completed form by **November 1, 2006**.

If you have questions, please call 1-866-397-0337 or (360) 236-3595

## Return to:

**Washington State Department of Health  
Immunization Program CHILD Profile**

**111 Israel Rd. SE, 3rd FL**

**PO Box 47843**

**Olympia, WA 98504-7843**

**Toll Free FAX 1-866-630-2691**

## PART A: ALL SCHOOLS - PLEASE COMPLETE

School Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

District: \_\_\_\_\_

Check all that apply:

- ☐ New School  
☐ Name change (Previous Name \_\_\_\_\_)  
☐ Closed

Date: \_\_\_\_\_

Grades at this school: \_\_\_\_\_ To: \_\_\_\_\_

Completed by: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you track student Immunizations on a computer system?: \_\_\_\_\_

System Name: \_\_\_\_\_

Check all that apply:

- ☐ Inactive/temporary closure  
☐ No immunization records kept on site/students accounted for on report for their school of registry  
☐ Juvenile detention center/Residential treatment

## PART B: ALL SCHOOLS - PLEASE COMPLETE

NUMBER OF STUDENTS ENROLLED	TOTAL NUMBER OF STUDENTS EXEMPT	NUMBER OF STUDENTS EXEMPT BY CATEGORY			ENTER TOTAL NUMBER OF STUDENTS EXEMPT FOR EACH VACCINE								
		Medical	Personal	Religious	Diphtheria/ Tetanus	Pertussis	Polio	Measles		Mumps	Rubella	Hep B	Varicella
	4	1	2	3	A	B	C	D #1	D #2	E	F	G	H

Box 4 = 1 + 2 + 3

Total of A + B + C + D #1 + D #2 + E + F + G + H must be equal to or greater than box 4

## • PART C: PLEASE COMPLETE ONLY FOR ENTRY LEVEL (KINDERGARTEN OR FIRST GRADE) AND 6TH GRADE.

	SECTION 1	SECTION 2				SECTION 3								
GRADE LEVEL	ENROLLMENT	IMMUNIZATION STATUS				ENTER THE TOTAL NUMBER OF STUDENTS WHOSE STATUS IS EXEMPT, CONDITIONAL OR OUT OF COMPLIANCE FOR EACH VACCINE.								
	NUMBER OF STUDENTS ENROLLED	NUMBER COMPLETE/IMMUNE	NUMBER EXEMPT	NUMBER CONDITIONAL	NUMBER OUT OF COMPLIANCE	Diphtheria/ Tetanus	Pertussis	Polio	Measles		Mumps	Rubella	Hep B	Varicella
ENTRY LEVEL ONLY	5	1	2	3	4	A	B	C	D #1	D #2	E	F	G	H
6TH GRADE ONLY	5	1	2	3	4	A	B	C	D #1	D #2	E	F	G	H

Box 5 = 1 + 2 + 3 + 4

Total of A + B + C + D #1 + D #2 + E + F + G + H must be equal to or greater than boxes 2 + 3 + 4

## • PART D: PLEASE COMPLETE ONLY FOR KINDERGARTEN AND 6TH GRADE.

GRADE LEVEL	IMMUNE BY DISEASE
	Varicella
ENTRY LEVEL ONLY	
6TH GRADE ONLY	

GRADE LEVEL	IMMUNE BY TITER			
	Measles	Mumps	Rubella	Varicella
ENTRY LEVEL ONLY				
6TH GRADE ONLY				

## EXPLANATIONS

- **PART A- This section is to be completed by ALL schools.**

SCHOOL Name of the school for which this form is being completed. Normally this will be the school whose name is preprinted on the form. If you copy a preprinted form for use by another school, please mark out the preprinted name. Indicate if there is a school name change from the previous year.

- **PART B- This section is to be completed by ALL schools.**

TOTAL NUMBER ENROLLED	Total number of students in all grades in this school on the day this report is prepared.
TOTAL NUMBER STUDENTS EXEMPT	Total number of students in all grades with signed exemptions on their Certificate of Immunization Status (CIS) forms. Each one of these exemptions must be classified in the next section as being either medical, personal or religious. Each exemption must then be detailed by the vaccine for which the exemption was made.
NUMBER OF STUDENTS EXEMPT BY CATEGORY	
MEDICAL	Number of students with a signed medical exemption on his/her CIS form.
PERSONAL	Number of students with a signed personal exemption on his/her CIS form.
RELIGIOUS	Number of students with a signed religious exemption on his/her CIS form.
NUMBER OF STUDENTS EXEMPT FOR EACH VACCINE	Number of students according to which vaccine(s) they are exempt. A student must be counted for each vaccine series not completed for which an exemption has been signed.

- **PART C - This section is to be completed ONLY for entry level (kindergarten OR first grade) and 6th grade students.**

**SECTION 1: Enter the number of students enrolled for entry level and 6<sup>TH</sup> grade at the school on the date the report is prepared.**

**SECTION 2: All entry level and 6<sup>TH</sup> grade students must be accounted for in one of the four following Immunization Status Categories. The sum of all the categories in SECTION 2 must equal the number given in SECTION 1. (complete/immune + exempt + conditional + out of compliance = number of students enrolled).**

1.) NUMBER COMPLETE/IMMUNE	Number of students who have presented a signed CIS form showing sufficient immunization dates to meet the schedule listed below or documented Immunity.
2.) NUMBER EXEMPT	Number of students who have presented a signed CIS form certifying that he/she is exempt for any or all vaccines for medical, religious or personal reasons.
3.) NUMBER CONDITIONAL	Number of students who have presented a signed CIS form with proof of initiation or continuation of a schedule of immunizations, but who do not meet the requirements, since additional doses are needed. Determine what doses are needed. Request documentation as additional doses are received.
4.) NUMBER OUT OF COMPLIANCE	Number of students whose immunization status is not complete, exempt or conditional. A student is considered out of compliance if he/she has not presented a signed, completed CIS form. Out of compliance students should be excluded from school until they meet the requirements.

**SECTION 3: For those students indicated in SECTION 2 as being exempt, conditional or out of compliance (see above for definitions), please tally the specific immunization totals and enter them in the appropriate boxes in SECTION 3.**

- **PART D - This section is to be completed ONLY for kindergarten and 6th grade students.**

**Immune by Disease** - # of students immune by parental documentation of history of varicella disease.

**Immune by Titer** - # of students who have laboratory report indicating positive titer to measles, mumps or rubella.

Please refer to the vaccines required for school attendance.